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CONFIRMATION NO. 6508

<b>SERIAL NUMBER</b> 10762,596	<b>FILING OR 371(c) DATE</b> 01/21/2004 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 4239-67289-01
<b>APPLICANTS</b> Michael C. Dean, Frederick, MD; Amy Ann Hutchinson, Frederick, MD; Rando Lembit Allikmets, Cornwall-on-Hudson, NY;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/422,840 10/21/1999 PAT 6,867,017 which claims benefit of 60/105,497 10/23/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/22/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>18</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 36218				
<b>TITLE</b> ATP-binding transporter (ABC7) and method for detection of Anemia and Ataxia				
<b>FILING FEE RECEIVED</b> 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	